Certificate of Need Program

EXPEDITED EQUIPMENT REPLACEMENT APPLICATION

Applicant's Completeness Checklist and Table of Contents

Project Name: _____ Project No.: _____

Project Description: _____

Done	Page	N/A	Description of CON Rulebook Contents

Divider I. Application Summary:

- ☐ ____ ☐ 1. Applicant Identification and Certification (Form MO 580-1861).
- ☐ ____ ☐ 2. Representative Registration (Form MO 580-1869).
- ☐ ____ ☐ 3. Proposed Project Budget (Form MO 580-1863) and detail sheet.

Divider II. Proposal Description:

- ☐ ____ ☐ 1. Provide a complete detailed project description.
- ☐ ____ ☐ 2. Provide a listing with itemized costs of the medical equipment to be acquired.
- ☐ ____ ☐ 3. Provide bid quotes for the proposed equipment.

Divider III. Community Need Criteria and Standards:

- ☐ ____ ☐ 1. Describe the financial rationale for the proposed replacement equipment.
- ☐ ____ ☐ 2. Document if the existing equipment has exceeded its useful life.
- ☐ ____ ☐ 3. Describe the effect the replacement unit would have on quality of care.
- ☐ ____ ☐ 4. Document if the existing equipment is in constant need of repair.
- ☐ ____ ☐ 5. Document if the lease on the current equipment has expired.
- ☐ ____ ☐ 6. Describe the technological advances provided by the new unit.
- ☐ ____ ☐ 7. Describe how patient satisfaction would be improved.
- ☐ ____ ☐ 8. Describe how patient outcomes would be improved.
- ☐ ____ ☐ 9. Describe what impact the new unit would have on utiliztion.
- ☐ ____ ☐ 10. Describe any new capabilities that the new unit would provide.
- ☐ ____ ☐ 11. By what percent will this replacement increase patient charges?

(If full review for replacement equipment not previously approved, also complete Divider IV below)

Divider IV. Financial Feasibility Review Criteria & Standards:

- ☐ ____ ☐ 1. Document that sufficient financing is available by providing a letter from a financial institution or an auditor's statement indicating that sufficient funds are available.
- ☐ ____ ☐ 2. Provide Service-Specific Revenues and Expenses (Form MO 580-1865) projected through three (3) years beyond project completion.
- ☐ ____ ☐ 3. Provide Detailed Institutional Cash Flows (Form MO 580-1866) projected through three (3) years beyond project completion.
- ☐ ____ ☐ 4. Document how patient charges were derived.
- ☐ ____ ☐ 5. Document responsiveness to the needs of the medically indigent.